



PTO/SB/21 (09-06)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/774,028

Filing Date

February 6, 2004

First Named Inventor

Kan Frankie Fan et al.

Art Unit

2456

Examiner Name

Kevin S. Mai

Attorney Docket Number

14329US02

ENCLOSURES (check all that apply)☒ Fee Transmittal Form
(1 page, in duplicate)☐ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure
Statement☐ Certified Copy of Priority
Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence
Address☐ Terminal Disclaimer☐ Request for Refund☐ CD Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to
TC☐ Appeal Communication to Board
of Appeals and Interferences☒ Appeal Communication to TC
(Notice of Appeal-1 page, in duplicate)☐ Proprietary Information☐ Status Letter☒ Return-Receipt Postcard☐ Other Enclosure(s) (please identify
below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

McAndrews Held & Malloy, Ltd.

Signature

/Michael T. Cruz/

Printed Name

Michael T. Cruz, Reg. No. 44,636

Date

January 16, 2009

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 16, 2009.

Name (Print/type)

Michael T. Cruz

Registration No. (Attorney/Agent)

44,636

Signature

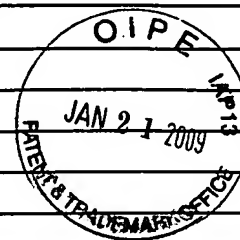
/Michael T. Cruz/

Date

January 16, 2009

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<p>Effective on 09/30/2007 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2008</h3>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/774,028
		Filing Date	February 6, 2004
		First Named Inventor	Kan Frankie Fan et al.
		Examiner Name	Kevin S. Mai
		Art Unit	2456
TOTAL AMOUNT OF PAYMENT (\$) 540		Attorney Docket No.	14329US02



METHOD OF PAYMENT (check all that apply)

- ☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy
- For the above-identified deposit account, the Director is hereby authorized to (check all that apply)
- ☒ Charge Fee(s) indicated below
 ☐ Charge Fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
-20 or HP	x					
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)			
-3 or HP	x					
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number) x		

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Notice of Appeal	\$540

SUBMITTED BY

Signature	/Michael T. Cruz/	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz	Date	January 16, 2009		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 09/30/2007 Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2008</h2>		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/774,028				
		Filing Date	February 6, 2004				
		First Named Inventor	Kan Frankie Fan et al				
		Examiner Name	Kevin S. Mai				
		Art Unit	2456				
TOTAL AMOUNT OF PAYMENT (\$)		540	Attorney Docket No.	14329US02			
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply) <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fees Paid(\$)</u>
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>						<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
_____ -20 or HP		x	_____	=	<u>Fee</u>		<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>			
_____ -3 or HP		x	_____	=			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>			
_____ -100	_____ /50	_____ (round up to a whole number)	x	_____	=		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				_____			
Other (e.g., late filing surcharge): <u>Notice of Appeal</u>				<u>\$540</u>			

SUBMITTED BY

Signature	/Michael T. Cruz/	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz	Date	January 16, 2009		

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Handwritten initials/signature

PTO/SB/31 (04-07)
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 14329US02
I hereby certify that this correspondence is being facsimile transmitted to the USPTO; transmitted via EFS-Web, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>January 16, 2009</u> .	In re Application of Kan Frankie Fan et al.	
	Application Number 10/774,028	Filed February 6, 2004
	For SYSTEM AND METHOD FOR TEAMING	
Signature <u>/Michael T. Cruz/</u>	Art Unit 2456	Examiner Kevin S. Mai
Typed or printed name <u>Michael T. Cruz</u>		
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>540</u>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>13-0017</u> . I have enclosed a duplicate copy of this sheet.		
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the	01/21/2009 SSESHE1 00000037 130017 10774028	<u>/Michael T. Cruz/</u>
<input type="checkbox"/> applicant/inventor.	01 FC:1401 540.00 DA	Signature
<input type="checkbox"/> assignee of record of the entire interest.	See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<u>Michael T. Cruz, Reg. No. 44,636</u>
<input checked="" type="checkbox"/> attorney or agent of record.	Registration number <u>44,636</u>	Typed or printed name
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.	Registration number if acting under 37 CFR 1.34. _____	<u>312-775-8000</u>
		Telephone number
		<u>January 16, 2009</u>
		Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		

<input checked="" type="checkbox"/> *Total of <u>one (1)</u> form is submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket Number (Optional)
14329US02

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Signature /Michael T. Cruz/

Typed or printed
name Michael T. Cruz

In re Application of
Kan Frankie Fan et al.

Application Number
10/774,028

Filed
February 6, 2004

For **SYSTEM AND METHOD FOR TEAMING**

Art Unit
2456

Examiner
Kevin S. Mai

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 540

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$

☐ A check in the amount of the fee is enclosed.

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☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 13-0017. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

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I am the

/Michael T. Cruz/

☐ applicant/inventor.

Signature

☐ assignee of record of the entire interest.

Michael T. Cruz, Reg. No. 44,636

See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

Typed or printed name

☒ attorney or agent of record.

312-775-8000

Registration number 44,636.

Telephone number

☐ attorney or agent acting under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34.

January 16, 2009

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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